



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8280132
Outpatient Patient Service Revenue	\$47068302
<b>Total Gross Patient Service Revenue</b>	<b>\$55348434</b>

2. Deductions From Revenue

Contractual Allowance	\$30230370
Other Deductions	\$1863493
<b>Total Deductions</b>	<b>\$32093863</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$21747157
Other Operating Revenue	\$2317810
<b>Total Operating Revenue</b>	<b>\$24064967</b>

4. Operating Expenses

Salaries and Wages	\$5303136	Employee Benefits	\$1527455
Depreciation and Amortization	\$1045125	Interest Expense	\$261783
Bad Debt	\$1507415	Other Expenses	\$11897681
<b>Total Operating Expenses</b>	<b>\$21542595</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4029787	Total Assets	\$9893923
Net Non-operating Gains over Loss	\$-600	Total Liabilities	\$2830567

Total Net Gains	\$4029187
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20471989	\$12652022	\$7819967
Medicaid	\$17555967	\$10608308	\$6947659
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17320478	\$6710340	\$10610138
Total	\$55348434	\$29970670	\$25377764

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$35683	\$-35683

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$2122892
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$712154	
HCI Payments	\$0		
Subtotal	\$0	\$712154	\$-712154
Medicaid Shortfalls	\$6447468	\$7260895	
Subtotal	\$6447468	\$7973049	\$-1525581
DSH Payments	\$3,034,151		
Subtotal	\$9481619	\$7973049	\$1508570
Medicare Shortfalls	\$7640627	\$6867618	
Other Government Programs	\$0	\$0	
Total	\$17122246	\$14840667	\$2281579

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$16981	\$-16981
Community Assessment	\$0	\$18702	\$-18702
Provision of Taxes	\$0	\$1371498	\$-1371498
Other Allocations	\$0	\$0	\$0

Comments

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